



TO: Health Insurers  
RE: Change HealthCare Cyber Attack  
DATE: March 6, 2024

The Pennsylvania Insurance Department (Department) understands that the cybersecurity attack on Change Healthcare on February 21, 2024, has created significant operational challenges for Insurers and health care providers including hospitals, individual practitioners, practice groups, diagnostic centers, laboratories, and pharmacies (“Providers”) in the Commonwealth.

Our current understanding is that Insurers themselves have not been breached. Moreover, the Department appreciates the efforts many Insurers have already taken to address this situation and looks forward to working with all Insurers for the benefit of Pennsylvanians.

To the extent an Insurer has not yet implemented assistance for Providers, we strongly encourage each Insurer operating in Pennsylvania to make every effort to provide prompt assistance to Providers as they navigate the situation over the coming weeks. This assistance should take into consideration the importance of Providers being able to treat and to be reimbursed for provided health care services with as little interruption as possible, given the circumstances.

While each Insurer may tailor its guidance, we anticipate that each Insurer will consider how best to update its website and other materials that communicate how Providers can contact the Insurer for assistance to resolve operational or financial concerns, so that Providers can timely deliver the health care services the Insurer has promised to cover for its Policyholders. This will likely include Information on how Providers may access any alternative clearinghouse or Insurer-specific workarounds to submit prior authorizations, claims, and seek reimbursement. This will also include a point of contact or a monitored account for questions or concerns.

In addition, the Department strongly encourages Insurers to consider:

- Flexibility with respect to operational processes, including eligibility verification, prior authorization for services, claims submissions, and appeal processes. This should include consideration of waiving prior authorization and other operational requirements in situations where the insurer and provider cannot electronically share information or would need to use time-intensive workarounds in the absence of the Change Healthcare system.
- Processes for a network Provider to obtain financial advances from the Insurer during periods where billing and reimbursement processes are unavailable or delayed.
  - The goal of the financial arrangements should be to allow Providers to continue to furnish to the Insurer’s Policyholders all the services the Insurer has promised to cover and may be based on average weekly/monthly reimbursements.
  - These financial arrangements should be made promptly to prevent adverse economic impact on Providers caused by this third-party cyber breach and to preclude any unintended consequences for consumers.

Finally, while we recognize that there are many communications exchanged between individuals and entities because of this situation, as noted above, we encourage each Insurer to make available clear points of contact to Providers, including health systems, as all involved work to recover from this cybersecurity situation.

**Office of the Insurance Commissioner**

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